

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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 Commissioner for Patents  
 P.O. Box 1450  
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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

28157 7590 12/01/2004

URSULA B. DAY, ESQ.  
 350 FIFTH AVE.  
 SUITE 3220  
 NEW YORK, NY 10118

03/01/2005 DEMMANU2 00000100 10621900

01 FC:2501 700.00 OP  
 02 FC:1504 300.00 OP

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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

URSULA B. DAY (Depositor's name)  
 (Signature)  
 February 24, 2005 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/621,900      | 07/17/2003  | Richard A. Kopelle   | KOPELLE             | 1486             |

TITLE OF INVENTION: THERAPY BUDDY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$685     | \$300           | \$985            | 03/01/2005 |

| EXAMINER       | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| MILLER, BENA B | 3714     | 446-320000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. URSULA B. DAY, Esq.

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MY THERAPY BUDDY, INC.

Palm Springs, CA USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1747 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

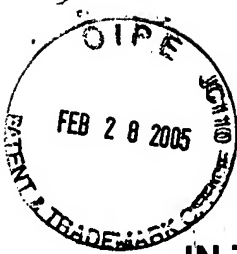
Authorized Signature

Date

Typed or printed name Ursula B. DayRegistration No. 47,296

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# PATENT

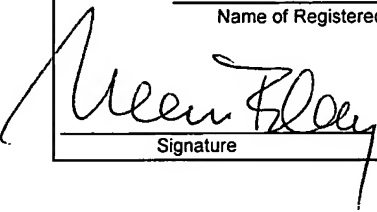
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: KOPELLE

|                       |                             |
|-----------------------|-----------------------------|
| In re Application of: | )                           |
| RICHARD A. KOPELLE    | )                           |
| Appl. No.: 10/621,900 | ) Examiner: Miller, Bena B. |
| Filed: July 17, 2003  | ) Group Art Unit: 3714      |
| For: THERAPY BUDDY    | ) Confirmation No: 1486     |

### PAYMENT OF THE ISSUE FEE

Mail Stop Issue Fee  
Commissioner for Patents  
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Alexandria, VA 22313-1450

|  |   |
|--|---|
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", on <u>February 24, 2005</u><br>(Date) |   |
| <u>URSULA B. DAY</u><br>Name of Registered Representative  |   |
| <br>Signature  | <u>Feb. 24, 2005</u><br>Date of Signature |

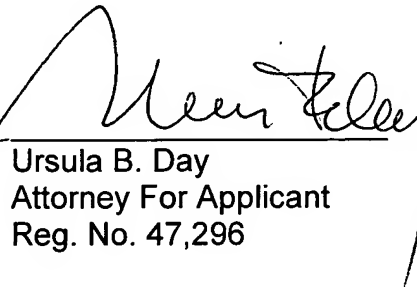
SIR:

With regard to the above-entitled application, please find enclosed the completed Issue Fee Transmittal Form PTOL 85.

A check in the amount of \$ 1,000.00 is enclosed to cover the issue fee of \$700.00 and the publication fee of \$300.00.

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Respectfully submitted

By:   
Ursula B. Day  
Attorney For Applicant  
Reg. No. 47,296

Date: February 24, 2005  
350 Fifth Avenue  
Suite 4714  
New York, N.Y. 10118  
(212) 244-5500  
UBD:ub